

ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St. Vincent Frankfort Hospital

City: Frankfort County: Clinton Year: 2003

Provider Type: Critical Access

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	2	55	159	\$1,623
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	16	665	2,289	\$699
Neonatal Intermed	0	0	0	\$0
Obstetrics	5	297	539	\$730
Pediatric	2	24	43	\$576

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	29	197	\$532
Other Services	0	0	0	NA
Acute Subtotal	25	1,090	3,227	NA
Normal Newborn	8	274	450	\$654

II. Outpatient Visits			
Circulatory System	2,576	Digestive System	1,281
Endocrine System	3,200	Injuries and Poison	3,750
Mental Disorder	354	Musculoskeletal	3,158
Neoplasms	884	Nervous	1,476
Respiratory	2,507	Urinary	2,065
Other/Unknown	9,686	Total Visits	30,937
Number of Visits to Emergency Department			11,989
Percent of Emergency Department Visits of Total Visits			38.8%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	N - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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